

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-2692 (Rev. 6-87)		<h2 style="margin:0;">REPORT OF MARINE ACCIDENT, INJURY OR DEATH</h2>				RCS No. G-MMI 2115-003 UNIT CASE NUMBER					
SECTION I. GENERAL INFORMATION											
1. Name of Vessel or Facility Impress of the North		2. Official No. 1140867		3. Nationality US		4. Call Sign WDB4791					
5. USCGR Certificate of Inspection issued at: Portland, OR		6. Type (Towing, Freight, Fish, Drill, etc.) Passenger		7. Length 299.3'		8. Gross Tons 296					
9. Year Built 2003		10. Propulsion (Steam, diesel, gas, turbine...) Diesel Electric		11. Hull Material (Steel, Wood...) Steel		12. Draft (ft. - in.) FWD. 11'-2" AFT. 12'-07"					
13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 3/24/06		15. TIME Local 10:10		16. Location (See Instruction No. 10A) Columbia River; Buoy 49; Washougal					
17. Estimated Loss or Damage TO: VESSEL \$ _____ CARGO \$ _____ OTHER \$ _____				18. Name, Address & Telephone No. of Operating Co. EN Boat LLC 2723 N. Hayden Island Drive Portland, OR 97217							
				19. Name of Master or Person in Charge Dale Orgain							
				20. Name of Pilot N/A							
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code) [REDACTED]		20b. Telephone Number ()					
21. Casualty Elements (Check as many as needed and explain in Block 44.)											
NO. OF PERSONS ON BOARD 257 <input type="checkbox"/> DEATH- HOW MANY? _____ <input type="checkbox"/> MISSING- HOW MANY? _____ <input type="checkbox"/> INJURED- HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input checked="" type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE				<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE				<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____			
22. Conditions											
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					
						E. DISTANCE (miles) (of visibility) 8					
						F. AIR TEMPERATURE (F) 52					
						G. WIND SPEED & DIRECTION S/SW 10-15knt					
						H. CURRENT SPEED & DIRECTION NW 2 kts					
23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE 7 KTS 260		24. Last Port Where Bound Astoria, OR Vancouver, WA					
24a. Time and Date of Departure 3/23/06 1715											
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)					
		Empty Loaded Total				Length Width					
						<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW					
SECTION II. BARGE INFORMATION											
26. Name		26a. Official Number		26b. Type		26c. Length					
26d. Gross Tons		26e. USCGR Certificate of Inspection issued at:		26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN					
26h. Draft FWD		AFT		26i. Operating Company							
26j. Damage Amount BARGE \$ _____ CARGO \$ _____ OTHER \$ _____				26k. Describe Damage to Barge							

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name)		27c. Status <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)	
28. Date		29. Telephone No. ()		30. Job Position	
31. (Check here if off duty) <input type="checkbox"/>					
32. Employer - (If different from Block 18., fill in Name, Address, Telephone No.)					
33. Person's Time		YEAR(S)		MONTH(S)	
A. IN THIS INDUSTRY -					
B. WITH THIS COMPANY -					
C. IN PRESENT JOB OR POSITION -					
D. ON PRESENT VESSEL/FACILITY -					
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -					
34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)					
35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> YES <input type="checkbox"/> NO					
36. Date of Death					
37. Activity of Person at Time of Accident					
38. Specific Location of Accident on Vessel/Facility					
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured			42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in Block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.					

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

AT 0950 ON THE MORNING OF MARCH 24th 2006 THE PASSENGER SHIP EMPRESS OF THE NORTH WAS DOWN BOUND ON THE COLUMBIA RIVER AT MILE 125, ON GARY IS. RANGE AS THE TUG BRUCE M. BROADCASTED A SECURITY CALL FROM PARKERS LANDING, STATING THAT HE WAS PROCEEDING UP BOUND. BOTH VESSELS AGREED VIA RADIO TO A PORT TO PORT PASSAGE. AT 1000 THE EMPRESS TURNED ONTO THE WASHOUGAL LOWER RANGE AS THE BRUCE M WAS UP BOUND ON THE RANGE. THE BRUCE M WAS DRIVEN TO THE NORTH (WASHINGTON) SIDE OF THE CHANNEL DUE TO THE COMBINATION OF WIND AND CURRENT. THE EMPRESS REDUCED POWER WHEN IT WAS APPARENT THAT THE BRUCE M WAS TRYING TO WORK BACK TO THE CENTER OF THE CHANNEL IN ORDER TO CLEAR BUOY "49" HOWEVER DUE TO THE SAME WIND & CURRENT FACTORS ALL WAY OFF WAS NOT A POSSIBILITY FOR THE EMPRESS. AS THE BRUCE M NARROWLY CLEARED BUOY "49" THE EMPRESS WAS OUTSIDE THE CHANNEL TO THE NORTH TRYING TO HOLD POSITION TO AVOID COLLIDING WITH THE BRUCE M. WHEN THE STERN OF THE BRUCE M CLEARED THE EMPRESS WAS TRYING TO GET BACK INTO THE CHANNEL WHEN SHE GROUNDLED JUST ABOVE BUOY 49 & SLIGHTLY OUTSIDE THE CHANNEL TO THE NORTH

45. Witness (Name, Address, Telephone No.)

DALE ORGAIN

46. Witness (Name Address, Telephone No.)

JIM HOWL

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47c. Title	
ORGAIN DALE R				CAPTAIN	
47a. Signature				47d. Telephone No.	
				47e. Date 3/24/06	

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

ARENT CAUSE

INVESTIGATOR (Name)

DATE


APPROVED BY (Name)

DATE

CASUALTY CODE A B C

We were about a mile up river at buoy "49" and we made passing arrangements with the tug barge Bruce M. to pass port to port. We got over to the right side of the channel in order to give him room to pass but the tug kept getting set over by the wind and current and he was pushed over into our lane on the Washington side of the channel. We were as far over as we could be and slowed down in order to give him time to get past us. We couldn't continue to get over as we were on the far side of the channel and approaching buoy "49". We did everything we could to give him time to get out of the way but with our momentum & the current there wasn't enough time and just as he was getting past us we hit the rock. To summarize he pretty much ran us off the road.

CASEY A. BROGDON



U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Dale R. Orgeron
(Print) (First, M.I., Last)

B: or Employee ID No. [REDACTED]

C: Employer Name ANSC
Street [REDACTED]
City, ST ZIP [REDACTED]
DER Name and Telephone No. Jana Speck [REDACTED]
DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[REDACTED]
Signature of Employee Date 3 / 24 / 06
Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: [REDACTED]

ANSC
Alcohol Technician's Company
Megan Speck
(PRINT) Alcohol Technician's Name (First, M.I., Last)
[REDACTED]
Company Street Address
[REDACTED]
Company City, State, Zip
[REDACTED]
Phone Number (Area Code & Number)
[REDACTED]
Signature of Alcohol Technician Date 3 / 24 / 06
Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date 3 / 24 / 06
Month / Day / Year

Affix Or Print
* Creating Results Here
* Affix With Tamper Evident Tape
* Confirming Results Here
* Affix With Tamper Evident Tape
* Affix Or Print

TAPE
300 AUTO 11 55
EVIDENCE

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Mike J. McIlhenny
(Print) (First, M.I., Last)

B: [Redacted]
or Employee ID No.

C: Employer Name ANISC
Street [Redacted]
City, ST ZIP [Redacted]
DER Name and Telephone No. Tanya Speck
DER Name [Redacted] DER (Area Code & Phone Number) [Redacted]

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Redacted] Date 3/24/2006
Signature of Employee

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

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Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

ANISC Alcohol Technician's Company
[Redacted] Company Street Address
[Redacted] Company City, State, Zip
573-241-415 Phone Number (Area Code & Number)

[Redacted] Date 3/24/2006
Signature of Alcohol Technician

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

[Redacted] Date 3/24/2006
Signature of Employee

TAPE

EVIDENCE TO 11 40

Affix Or Print
 Screening Results Here
 Affix With Tamper Evident Tape
 Confirming Results Here
 Affix With Tamper Evident Tape
 Additional Test Results Here

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name JANE S. KROWLIN
(Print) (First, M.I., Last)

B: or Employee ID No. [REDACTED]

C: Employer Name ANSC
Street [REDACTED]
City, ST ZIP [REDACTED]
DER Name and Telephone No. Jane Speck [REDACTED]
DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date 03 / 24 / 06
Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company

Megan Dineen
(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company Street Address

2723 N. Harbor Island
San Diego, CA 92117
Company City, State, Zip

619-210-415
Phone Number (Area Code & Number)

Signature of Alcohol Technician

Date 3 / 24 / 06
Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date _____ / _____ / _____
Month / Day / Year

Affix Or Print
Screening Results Here

TAPE

Affix With Tamper Evident Tape

Affix Or Print
Confirming Results Here

Affix With Tamper Evident Tape

Affix Or Print
Additional Test Results Here

000 AUTO 11:29
EVIDENCE

Alcohol Testing Form ►

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

B: or Employee ID No. [REDACTED]

C: Employer Name HNSC

Street [REDACTED]

City, ST ZIP

DER Name and [REDACTED]

Telephone No. Lara 5041 R

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date / Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE[®] write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # <i>OR</i> Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: _____

Alcohol Technician's Company

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Signature of Alcohol Technician

Date Month / Day / Year

SECTION 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____

Date Month / Day / Year

OMB No. 2105-0529

Affix Or Print
Screening Res

✶ Affix With Taper Evident Taper

**Affix Or Print
Confirming Results Here**

Alfix With Tamper Evident Tape

1. *Chlorophyll a* (Chl a) is the primary photosynthetic pigment in most plants and algae. It is a green pigment that absorbs light energy in the blue and red regions of the visible spectrum.

TAPE

[illegible]

EVIDENCE

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Casper Kroger
(Print) (First, M.I., Last)

B: or Employee ID No. 6

C: Employer Name ANSC

Street [REDACTED]

City, ST ZIP [REDACTED]

DER Name and Telephone No. Jana Speck

DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee [REDACTED] Date 03 / 21 / 06
Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and the results are as recorded.

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SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # QR Lot # & Exp. Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Alcohol Technician's Company ANSC

Company Street Address 2525 W. Main St. Dr

(PRINT) Alcohol Technician's Name (First, M.I., Last) John A. Kroger

Company City, State, Zip Portland, OR 97217

Phone Number (Area Code & Number) 503 244 4444

Signature of Alcohol Technician [REDACTED] Date 03 / 21 / 06
Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I understand that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee [REDACTED] Date 03 / 21 / 06
Month / Day / Year

Affix Or Print
Screening Results Here

Affix With Tamper Evident Tape

Affix Or Print
Confirming Results Here

Affix With Tamper Evident Tape

Affix Or Print
Additional Test Results Here

TAPE

DOT Form 613996

EVIDENCE

FEDERAL DRUG TESTING REPORT

95821

WS



JANA SPECK

E ☐

EMPRESS OF THE NORTH

2723 N HAYDEN ISLAND DR

PORTLAND

OR

97217-

MRO:

PARAGON MRO / C. KIRBY GRIFFIN, (503-977-3225)

9370 SW GREENBURG RD, STE 200

PORTLAND, OR 97223

NAME

JAMES C

NOWLIN

SOC SEC

ID #:

COLLECT DATE

3/24/2006

CCF IN:

3/27/2006

SPECIMEN ID

COLL SITE

ON BOARD VESSEL

PORTLAND, OR

LABORATORY

LEGACY METRO LAB

PORTLAND

OR

TEST PROFILE

SAMHSA 5

TEST TYPE

POST ACCIDENT

RESULT

NEGATIVE

NOTES:

C. KIRBY GRIFFIN, MD

RESULT DATE

3/28/2006

CERTIFIED MRO

BY SG

THIS TEST WAS PERFORMED IN ACCORDANCE WITH CFR PART 40; 49 CFR PART 382; 14 CFR PART 61, 63, 85, 121, 136; 49 CFR PART 655; 46 CFR PART 4, 5, 16; 49 CFR PART 189; AND/OR 49 CFR PART 217, 219, 225 (FEDERAL DOT REGULATIONS)

FEDERAL DRUG TESTING REPORT

95811

WS



JANA SPECK

E ☐

EMPRESS OF THE NORTH

2723 N HAYDEN ISLAND DR

PORTLAND

OR

97217-

MRO:

PARAGON MRO / C. KIRBY GRIFFIN, (503-977-3225)

9370 SW GREENBURG RD, STE 200

PORTLAND, OR 97223

NAME

CASEY A

BROGDON

SOC SEC

ID #:

COLLECT DATE

3/24/2006

CCF IN:

3/27/2006

SPECIMEN ID

COLL SITE

ON BOARD VESSEL

PORTLAND, OR

LABORATORY

LEGACY METRO LAB

PORTLAND

OR

TEST PROFILE

SAMHSA 5

TEST TYPE

POST ACCIDENT

RESULT

NEGATIVE

NOTES:

C. KIRBY GRIFFIN, MD

RESULT DATE

3/28/2006

CERTIFIED MRO

BY SG

THIS TEST WAS PERFORMED IN ACCORDANCE WITH CFR PART 40; 49 CFR PART 382; 14 CFR PART 61, 63, 65, 121, 135; 49 CFR PART 655; 46 CFR PART 4, 5, 16; 49 CFR PART 199; AND/OR 49 CFR PART 217, 219, 225 (FEDERAL DOT REGULATIONS)

FEDERAL DRUG TESTING REPORT

95829

WS



JANA SPECK

E ☐

EMPRESS OF THE NORTH

2723 N HAYDEN ISLAND DR

PORTLAND

OR

97217-

MRO:

PARAGON MRO / C. KIRBY GRIFFIN, (503-977-3225)

9370 SW GREENBURG RD, STE 200

PORTLAND, OR 97223

NAME

MICHAEL J

MARTINO

SOC SEC

ID #:

COLLECT DATE

3/24/2006

CCF IN:

3/27/2006

SPECIMEN ID

COLL SITE

ON BOARD VESSEL

PORTLAND, OR

LABORATORY

LEGACY METRO LAB

PORTLAND

OR

TEST PROFILE

SAMHSA 5

TEST TYPE

POST ACCIDENT

RESULT

NEGATIVE

NOTES:

C. KIRBY GRIFFIN, MD

RESULT DATE

3/29/2006

CERTIFIED MRO

BY AP

THIS TEST WAS PERFORMED IN ACCORDANCE WITH CFR PART 40; 49 CFR PART 382; 14 CFR PART 81, 63, 65, 121, 135; 49 CFR PART 655; 46 CFR PART 4, 5, 16; 49 CFR PART 190; AND/OR 49 CFR PART 217, 219, 226 (FEDERAL DOT REGULATIONS)

FEDERAL DRUG TESTING REPORT

95723

WS



JANA SPECK

E ☐

EMPRESS OF THE NORTH

2723 N HAYDEN ISLAND DR

PORTLAND

OR

97217-

MRO: PARAGON MRO / C. KIRBY GRIFFIN, (503-977-3225)

9370 SW GREENBURG RD, STE 200

PORTLAND, OR 97223

NAME

DALE R

OREAIN

SOC SEC

ID #:

COLLECT DATE

3/24/2006

CCF IN:

3/27/2006

SPECIMEN ID

COLL SITE

ON BOARD VESSEL

PORTLAND, OR

LABORATORY

LEGACY METRO LAB

PORTLAND

OR

TEST PROFILE

SAMHSA 5

TEST TYPE

POST ACCIDENT

RESULT

NEGATIVE

NOTES:

C. KIRBY GRIFFIN, MD

RESULT DATE

3/28/2006

CERTIFIED MRO BY SG

THIS TEST WAS PERFORMED IN ACCORDANCE WITH CFR PART 40; 49 CFR PART 382; 14 CFR PART 51, 63, 65, 121, 135; 49 CFR PART 685; 46 CFR PART 4, 5, 16; 49 CFR PART 199; AND/OR 49 CFR PART 217, 219, 225 (FEDERAL DOT REGULATIONS)

FEDERAL DRUG TESTING REPORT

95724

WS



JANA SPECK

E ☐

EMPRESS OF THE NORTH

2723 N HAYDEN ISLAND DR

PORTLAND

OR

97217-

MRO:

PARAGON MRO / C. KIRBY GRIFFIN, (503-977-3225)

9370 SW GREENBURG RD, STE 200

PORTLAND, OR 97223

NAME

MIKE

MCGOVERN

SOC SEC

ID #:

COLLECT DATE

3/24/2006

CCF IN:

3/27/2006

SPECIMEN ID

COLL SITE

ON BOARD VESSEL

PORTLAND, OR

LABORATORY

LEGACY METRO LAB

PORTLAND

OR

TEST PROFILE

SAMHSA 5

TEST TYPE

POST ACCIDENT

RESULT

NEGATIVE

NOTES:

C. KIRBY GRIFFIN, MD

RESULT DATE

3/28/2006

CERTIFIED MRO

BY SG

THIS TEST WAS PERFORMED IN ACCORDANCE WITH CFR PART 40; 48 CFR PART 382; 14 CFR PART 61, 63, 65, 121, 135; 49 CFR PART 855; 46 CFR PART 4, 5, 16; 49 CFR PART 189; AND/OR 49 CFR PART 217, 219, 225 (FEDERAL DOT REGULATIONS)

EMPRESS OF THE NORTH SALVAGE PLAN ADDENDUM

During the salvage operation for the Empress of the North our first concern is for the safety of the crew, environment and the vessel.

Our intention upon salvaging the Empress of the North is to insure that the vessel safely transits to Cascade General Shipyard without incident.

In order to accomplish the refloating of the Empress of the North three tug boats have been called in to protect the vessel and environment from further damage once she is being lifted from the rocks. The Washougal, Lori B. and Tractor Tug America will be positioned in strategic locations with lines tied to the vessel. One tug will be on each end of the vessel and another standing by with lines in place to assist if necessary. The Tractor Tug America from Foss Maritime will be the primary tug on scene. The master of each of the tug boats will be communicating with our Salvage Master as well as the Master of the Empress of the North on VHF Channel 66. The Chief Mate will be monitoring with a hand held VHF Radio.

All watertight doors have already been secured by the vessel. All non essential personnel have already disembarked the vessel. The Hold Deck is evacuated except for two person roving watches. The vessel engineers are set to secure power to the Hold Deck if needed. Regular rounds will be conducted to monitor tank top and the Hold Deck. Regular soundings of fuel, water and ballast tanks will also be conducted. Dewatering pumps will be standing by and bilge systems aligned for immediate discharge.

BEACHED
All crew and all salvage personnel will be required to have a PFD at their ready. The Empress of the North will travel under her own power and will be escorted to Cascade General by the Lori B and The America. The Salvage crew will monitor and maintain positive air pressure on all tanks. In the unlikely event of a plant failure the tug escorts *WILL* ~~can~~ assist in securing the vessel. If there is a catastrophic failure the vessel will be beached in area that is outside the channel. The escorting tugs ~~can assist with offloading~~ *WILL BE AVAILABLE TO ASSIST ALL* shipboard personnel.

AN
The vessel will give hourly updates of their location to the MSO Sector Portland.